

2008 Service Invoice # _____

Special events require a 50% deposit at the signing of this contractual agreement.

Client _____ Contractual Service Date(s) ___/___/___
 hm# _____ cell# _____ fax# _____
 wk# _____ pg# _____ email _____
 address _____

Hours/Days	_____	\$	_____
OT	_____	\$	_____
Editing (\$60/per hour)	_____	\$	_____
Kill Rate	_____	\$	_____
Less Discount (if any)	_____ % OFF	\$	_____
Copies	VHS# _____ / DVD# _____	\$	_____

 Sub-total \$ _____
 Tax (7.25%) \$ _____

Travel	#miles _____ x \$0.50 + Expenses	\$	_____
	S&H	\$	_____

 Total \$ _____
 Received \$ _____
 Due \$ _____

Location: _____ Arrival Time: _____

 _____ Photo Montage or Highlight Reel

I have read, understand and agree to the rates and terms above.

Print _____ X _____ Date ___/___/___

Please make checks payable to **GLIDE FX** and mail to:
GLIDE FX - 433 Innwood Rd. - Simi Valley, CA 93065